



KENTUCKY BOARD OF PHARMACY

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REQUEST FOR WAIVER

KRS 218A. Section 6 (7): The requirements of this section shall not apply to any compounds, mixtures, or preparation containing ephedrine, pseudoephedrine, or phenylpropanolamine, their salts or optical isomers, or salts of optical isomers which are in liquid, liquid capsule, or gel capsule form or any compounds, mixtures, or preparations containing ephedrine, pseudoephedrine, or phenylpropanolamine, or their salts or optical isomers which are deemed to be not subject to abuse upon joint review and agreement of the Office of Drug Control Policy, the Board of Pharmacy, and the Cabinet for Health and Family Services.

_____, a manufacturer, located at

_____ who is currently licensed by the Kentucky Board of Pharmacy to manufacture and distribute over-the-counter (OTC) products hereby requests a Waiver for the following ephedrine, pseudoephedrine, and/or phenylpropanolamine products to be shipped and/or sold to locations other than currently Kentucky licensed pharmacies. Package size is not a concern for this Waiver. Please attach an additional sheet if list is to be continued.

1. _____
2. _____
3. _____
4. _____
5. _____

I acknowledge ephedrine, pseudoephedrine, and/or phenylpropanolamine products are highly regulated federally and by the Commonwealth of Kentucky and are key ingredients in the production of methamphetamine. The justifications for the above Waiver are for the following reasons (please attach an additional sheet if more space is needed):

I understand that law enforcement agents and agents of the Kentucky Board of Pharmacy may inspect records of all goods shipped, received or disposed of including source, recipient, date, quantity, itemized description, and any other information pertinent to the transaction.

I further understand that law enforcement agents and agents of the Kentucky Board of Pharmacy may investigate all complaints or violation of federal or state laws governing pharmaceuticals and bring all these cases to the notice of the proper law enforcement authorities.

I acknowledge the execution and completion of this Waiver and that I have read and attest to the accuracy and truthfulness of the contents contained within.

Signed this _____ day of _____, 20____

Signature and Title